

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
**01-016**

2. STATE  
Washington

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

AUG 13 2001

4. PROPOSED EFFECTIVE DATE  
July 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 0  
b. FFY 2002 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Page 9  
Attachment 3.1-B, Page 8

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Attachment 3.1-A, Page 9  
Attachment 3.1-B, Page 8

10. SUBJECT OF AMENDMENT:

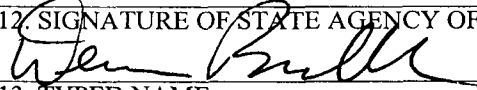
Covered Services - Preprint

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Exempt

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

DENNIS BRADDOCK

14. TITLE:

Secretary

15. DATE SUBMITTED:

08/10/01

16. RETURN TO:

Department of Social and Health Services  
Medical Assistance Administration  
623 8<sup>th</sup> St SE MS: 45500  
Olympia, WA 98504-5500

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

AUG 13 2001

18. DATE APPROVED:

AUG 28 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JUL - 1 2000

20. SIGNATURE OF REGIONAL OFFICIAL:

LSI

21. TYPED NAME:

Teresa L. TRUMBLE

22. TITLE:

ASSOCIATE REGIONAL  
DIVISION OF MEDICAID

23. REMARKS:

RECEIVED 8/10/01  
(DATE)

Olympia  
(LOCATION)

State: Washington

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

(a) Transportation

- ☒ Provided      ☐ No limitations      ☒ With limitations\*  
☐ Not provided

(b) Services provided in Religious Nonmedical Health Care Institutions

- ☐ Provided      ☐ No limitations      ☐ With limitations\*  
☒ Not provided

(c) Reserved

(d) Nursing facility services for patients under 21 years of age

- ☒ Provided      ☐ No limitations      ☒ With limitations\*  
☐ Not provided

(e) Emergency hospital services

- ☒ Provided      ☒ No limitations      ☐ With limitations\*  
☐ Not provided

\*Description provided on attachment

TN# 01-016  
Supersedes  
TN# 95-03

Approval Date:

Effective Date: 7/1/01

State: Washington

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act.)

☒ Provided ☒ No limitations ☐ With limitations\*

☐ Not provided

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

(a) Transportation

☒ Provided ☐ No limitations ☒ With limitations\*

☐ Not provided

(b) Services provided in Religious Nonmedical Health Care Institutions

☐ Provided ☐ No limitations ☐ With limitations\*

☒ Not provided

(c) Reserved

(d) Nursing facility services for patients under 21 years of age

☒ Provided ☐ No limitations ☒ With limitations\*

☐ Not provided

(e) Emergency hospital services

☒ Provided ☒ No limitations ☐ With limitations\*

☐ Not provided

\*Description provided on attachment

TN# 01-016  
Supersedes  
TN# 95-03

Approval Date:

Effective Date: 7/1/01